Home Health ICD-9/ICD-10 Alert

Coding How-To: Breathe New Life Into Your COPD Coding With These Tips

The first step toward accurate coding: slow down.

Coding for COPD may seem simple enough - but things aren't always as they seem, especially when you add bronchitis or asthma to the mix.

The basics: The general term "chronic obstructive pulmonary disease" (COPD) describes a variety of conditions, notes **Dio Namocatcat, HCS-D, CPC**, medical coder and consultant with **Visiting Nurse Regional Health Care Systems Inc**. in Brook-lyn, NY. COPD commonly presents as:

chronic obstructive asthma,

chronic obstructive bronchitis,

chronic bronchitis with emphysema, or

emphysema.

"Coders generally have problems with COPD when it is complicated by bronchitis or asthma for a couple of reasons," notes consultant **Judy Adams, RN, BSN, HCS-D**, with Charlotte, NC-based **LarsonAllen Heath Care Group**: (1) The agency doesn't have enough information to code the diagnosis fully and/or (2) coders don't always read all of the includes and excludes notes associated with the COPD, bronchitis and asthma codes.

Example: If you don't read the includes and excludes notes, you'll miss essential tidbits, such as the fact that "respiratory insufficiency is an integral part of COPD," notes Namocatcat. "Therefore, do not assign code 518.82 (Other pulmonary insufficiency, NEC) to describe respiratory deficiency with any COPD code."

Gather All Available Info Before Coding

Avoid this mistake: Most coders are familiar with the basic COPD code, 496 (Chronic airway obstruction, NEC). "They have the 496 code memorized, so if the patient has something like that, they'll just assume that code is close enough," reports **Sparkle Sparks, MPT, HCS-D, COS-C,** with **Fazzi Associates** in Naples, FL.

Before settling on 496, find out as much as you can about the patient. Chances are good that a more specific code may be in order. For example, the patient may have an exacerbation of the COPD (in which case you'd code 491.21), or additional respiratory comorbidities, notes Adams.

"Since it is important to code to the highest level of specificity, 496 is only used when the documentation given to the home health agency only states COPD, but not the type of COPD," Adams instructs.

Coding for COPD is a great example of why coders should always use their ICD-9 book rather than trying to code from memory, urges Sparks. "There are so many choices - this is the perfect example of why you can't code in a hurry," she insists.

When selecting the correct code for the documented type of COPD and asthma, first review the index and then verify the code in the tabular list. Also be sure to read all instructional notes under the different COPD subcategories and codes.

Code Acute Conditions First

Many patients have an acute exacerbation of a chronic condition, or they may have an acute infection in addition to the chronic condition. In some cases, you can use a combination code, such as 491.22 (Obstructive chronic bronchitis; with acute bronchitis) to capture both conditions, Adams says.

If there isn't a combination code that describes the patient's conditions, then you should code the acute condition first, followed by the chronic one, says Sparks. Read through all of your choices, and take extra care to select the most appropriate fifth digit.

"The fifth digit can make a big difference, and if you choose the wrong one, you could completely change the nature of the code," she concludes.